

HB 843 STATEWIDE COMMISSION ON MH/SA PRIORITY RECOMMENDATIONS July 23, 2001

PRIORITY RECOMMENDATIONS WHICH REQUIRE NEW OR INCREASED FUNDING:

A. Priorities which are included in **moving Kentucky** from its current national ranking of **44th in per capita spending** on Mental Health/Substance Abuse (MH/SA) services to the upper half of states – a ranking of **25th nationally**. This would be accomplished over the next ten years with increased funding for MH/SA services through the Department of MH/MR Services.

The following recommendations are specific to the 2003-04 biennial budget:

- Complete the **Regional Crisis Stabilization Service Array** so that each of the 14 Mental Health/Mental Retardation regions has the services necessary to respond to a child or an adult with a mental health or substance abuse emergency situation. Ten of the 28 units authorized in the 1994 Budget Bill have not ever been funded.
- Increase **available transportation** for all persons who need to access MH/SA services by developing collaborations with other agencies, creating mobile services where appropriate, and paying for public transportation or alternative means.
- Establish an array of **suitable housing options and housing supports** for consumers with mental illness, substance abuse and dual diagnoses through collaborative efforts and increased funding.
- Support **Regional Flexible Safety Net Funding** to assure services for those who do not have any payor source and to assure a seamless continuum of care in each region of the state.

This Flexible Safety Net Funding may be used in each region to:

- a. Assure the **availability of trained mental health and substance abuse professionals** in all regions of the state through increased educational programs and financial investment in improved salaries and benefits.
- b. Expand the availability and increase the utilization of **telehealth and distance learning technology** to reduce the isolation in the rural areas, to integrate the community provider network and to implement training programs.
- c. Assure **availability and appropriate use of all effective medications**; increase funding for the community medication program; assess pilot programs for the use of evidence-based procedures for clinical decision-making in prescribing medications, evaluating outcomes as to quality of life, clinical effectiveness, cost savings and cost offset; increase greater access to prescribing professionals and education of consumers and family members about new medications.
- d. Reduce repeated institutionalizations by increasing **proactive case management and wrap-around services**, by educating consumers and families to

reduce the risk; by utilizing consumer and family operated services; and by increasing collaboration with institutions for more proactive discharge planning.

➤ Collaborate with community partners to identify education opportunities and to promote anti-stigma activities through a coordinated **statewide public education campaign** designed to increase the likelihood that individuals will recognize and seek treatment for their mental illness or substance abuse disorder. Additionally, institute **training across systems** to increase identification of mental health and substance abuse issues and appropriate referral of individuals for treatment.

➤ **Increase treatment services for individuals with Substance Abuse Disorders or Dual Diagnoses:**

- a. Assure availability of appropriately trained professionals to deliver assessment and treatment services.
- b. Address barriers to access for suitable housing for persons with substance abuse disorders or dual diagnoses, particularly with the establishment of sober housing options for consumers in recovery.
- c. Expand drug courts across the state.
- d. Assure access to all appropriate medications, including those which treat craving for substances.
- e. Increase the availability of medical and non-medical detoxification services (including social model detox) for consumers with substance abuse problems.
- f. Increase the availability of case management and wrap-around services for individuals with substance abuse disorders or dual diagnoses.
- g. Develop an accessible continuum of care for children and youth with substance abuse diagnoses, including therapeutic foster care and residential treatment facilities.

B. Priority recommendations which require additional dollars, but the funding would not come directly from the Department of Mental Health/Mental Retardation Services and would not count toward improving Kentucky's national ranking in per capita spending on MH/SA services:

➤ **Expand Medicaid coverage of Primary and Secondary Substance Abuse Diagnoses** to Medicaid-eligible populations of all ages.

➤ Collaborate with the Cabinet for Workforce Development to implement the **Supported Employment Funding Initiative** developed by the Cabinet, the Department of Vocational Rehabilitation, consumers, families, advocates and service providers.

➤ Institute a **Medicaid Buy-In Program** with the Ticket to Work initiative and provide access to Medicaid Buy-In for those Medicaid-eligible consumers who are employed or who are planning to work.

➤ Expand the collaboration of the Departments of Mental Health/Mental Retardation Services and the Department of Corrections with the Justice Cabinet, Administrative Office of the Courts and the Criminal Justice Council for funding to

implement **Criminal Justice/Behavioral Health initiatives**, particularly the Drug Courts and the cross-systems education and training.

Criminal Justice/Behavioral Health initiatives include:

- a. Cross-Systems training of all stakeholders involved with the interface of the criminal justice/behavioral health systems at the state, regional and local levels.
- b. Maintaining and expanding Drug Courts across the state for youth and adults.
- c. Implementing two pilot Mental Health Courts – one rural and one urban.
- d. Funding specialized intensive case managers, wrap-around dollars and community resource coordinators to identify and secure services necessary for youth and adults at the Criminal Justice/Behavioral Health interface.
- e. Providing an array of housing options for diversion and reintegration of this population.
- f. In conjunction with the Jailers' Association, local jailers and the Department of Corrections, developing regional behavioral health jails to offer specialized treatment services to inmates with MH/SA diagnoses.

PRIORITY RECOMMENDATIONS WHICH DO NOT REQUIRE NEW OR INCREASED FUNDING: The goal is to establish a new policy direction for Kentucky to be a national leader in community-based care for persons with MH/SA problems based on best practices, regional planning and coordination of services.

Continue the collaborative process created by HB 843 as the first step toward creating an integrated community-based system of care. Remove the sunset provision on the HB 843 Commission and Regional Planning Councils, recognizing that planning and improving MH/SA services for Kentucky's citizens will be a long-term process.

Affirm the Regional Planning Councils by defining their continuing role in reviewing progress toward goals, conducting needs assessments and making recommendations to the Regional MH/MR Boards. Encourage participation on the Regional Planning Councils to reflect consumers, caregivers, family members and professionals from all age groups.

Add to the Statewide Commission: Consumer, Family Member, Regional Planning Council Chair, other Cabinets and Departments, Criminal Justice Council and KY-ASAP; assure coordination with other planning and oversight entities.

Review existing statutes and regulations in light of the Commission's recommendations, repealing or revising where needed, and enacting legislation to implement recommended policies.

Increase housing options for older persons with mental illness, substance abuse or dual diagnoses who are at risk for premature institutional/facility placement or are able to leave institutional care to live in the community, if appropriate housing and housing supports are available.

Assess the adequacy and availability of the current mental health and substance abuse **professional workforce** in each region.

Set a two-year work plan for the Regional Planning Councils and Statewide Commission: Articulate behavioral goals to be accomplished in the statewide plan; put these issues on future agenda for the Regional Planning Councils and the Statewide Commission, utilizing the regional information, needs assessments and recommendations. Future items include:

MH/SA Services for aging population; Children's MH/SA services in schools; Reviewing KRS 202A and KRS 504, receiving regional input as to local problems with these statutes, convening a broad-based statewide work group to make recommendations to the Commission; Mental Health Courts; Availability of most effective medications; Outcome measures and consumer satisfaction; Access to substance abuse treatment for veterans and for physicians and other professionals who are impaired because of addictions.

Require all providers who receive public funds to have formalized **quality assurance/quality improvement processes**, including a grievance procedure.

Increase access to **community-based hospitalization**, rather than depending only on state institutions.

Identify the specific **barriers in each region** which prevent the elderly from accessing mental health and substance abuse treatment services.

Collaborate with universities and the Council on Postsecondary Education to identify needs and to develop strategies for **educating and training professional staff**, including pilot cross-systems education programs.

Advocate with insurers for appropriate and comprehensive Mental Health and Substance Abuse benefits for all ages, expanding the parity law's application, if necessary.